

UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to:
Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, DC 20231

Attorney Docket No.

JEK/Ramadan

First Named Inventor
(or identifier)

Aymen RAMADAN et al.

Total Pages

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: DISK PROSTHESIS FOR CERVICAL VERTEBRAE

☒ 1. Submitted herewith are the following:

- 12 pages of specification.
- ☒ Abstract.
- 1 sheet(s) of drawings.
- 14 claim(s).
- ☒ Oath/Declaration unsigned by each inventor.
- ☐ signed Inventor Small Entity Statement(s).
- ☐ signed non-Inventor Small Entity Statement(s).
- ☐ signed Small Business Small Entity Statement(s).
- ☐ signed Non-Profit Small Entity Statement(s).
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement(s).
- ☐ pages of Form PTO-1449, and one copy of each document listed thereon.
- ☐ Assignment of the invention, Cover Sheet, and payment of the \$_____ recordal fee.
- ☐ certified copy of application no. _____ filed in _____. Priority is claimed.
- ☐ check in the amount of \$_____ including any assignment recordal fee.

☐ 2. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

☐ 3. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -

☐ 4. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -

☐ 5. Other: _____.

THE FILING FEE IS CALCULATED AS FOLLOWS:

Basic Fee:

\$690.00

Total Claims:

14

- 20 =

X \$18 =

Independent Claims:

1

- 3 =

X \$78 =

Correspondence Address:

BACON & THOMAS, PLLC
625 Slaters Lane, 4th Floor
Alexandria, VA 22314-1176

Multiple Dependent Claim (add \$260.00):

Subtotal:

690.00

50% Reduction if Small Entity Status:

Phone: 703-683-0500

Fax: 703-683-1080

Total:

690.00

Date:

09 March 2000

Name:

J. Ernest Kenney

Signature:

J. Ernest Kenney

Reg. No.

19,179

03/09/00
jc644 U.S. PTO

03/09/00

03/09/00
jc511 U.S. PTO
09/521896

UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to:
Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, DC 20231

Attorney Docket No.

JEK/Ramadan

First Named Inventor
(or identifier)

Aymen RAMADAN et al.

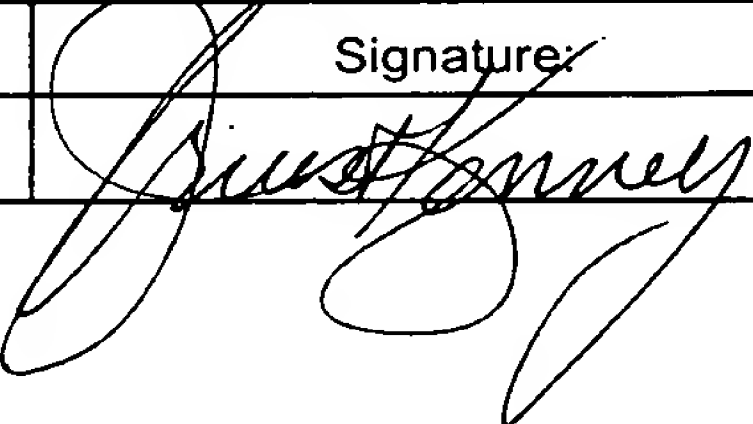
Total Pages

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:

DISK PROSTHESIS FOR CERVICAL VERTEBRAE

- ☒ 1. Submitted herewith are the following:
- 12 pages of specification.
 - ☒ Abstract.
 - 1 sheet(s) of drawings.
 - 14 claim(s).
 - ☒ Oath/Declaration unsigned by each inventor.
 - 0 signed Inventor Small Entity Statement(s).
 - 0 signed non-Inventor Small Entity Statement(s).
 - 0 signed Small Business Small Entity Statement(s).
 - 0 signed Non-Profit Small Entity Statement(s).
 - 0 Preliminary Amendment.
 - 0 Information Disclosure Statement(s).
 - 0 pages of Form PTO-1449, and one copy of each document listed thereon.
 - 0 Assignment of the invention, Cover Sheet, and payment of the \$_____ recordal fee.
 - 0 certified copy of application no. _____ filed in _____. Priority is claimed.
 - 0 check in the amount of \$_____ including any assignment recordal fee.
- ☐ 2. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 3. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- ☐ 4. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- ☐ 5. Other: _____

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$690.00	
Total Claims:	14	- 20 =		X \$18 =		
Independent Claims:	1	- 3 =		X \$78 =		
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176				Multiple Dependent Claim (add \$260.00):		
				Subtotal:		690.00
				50% Reduction if Small Entity Status:		
Phone: 703-683-0500 Fax: 703-683-1080				Total:	690.00	
Date:	Name:		Signature:	Reg. No.		
09 March 2000	J. Ernest Kenney			19,179		

03/09/00
 09/521896
 PTO U.S. 511c